

RA11

.A3

1943 3

SR

U.S. Congress. Senate. Committee on Education
and Labor.

Reorganization and Functions of the Public
Health Service. Senate Report 123.

Library

National Institute of Health

Bethesda, Maryland

RA(11)

A3

1943

SR 78TH CONGRESS }
1st Session }

SENATE

{ REPORT
No. 133 }

Calendar No. 132

Library

National Institute of Health

Bethesda, Maryland

REORGANIZATION AND FUNCTIONS OF THE PUBLIC
HEALTH SERVICE

MARCH 25 (legislative day, MARCH 23), 1943.—Ordered to be printed

Mr. THOMAS of Utah, from the Committee on Education and Labor,
submitted the following

REPORT

[To accompany S. 400]

The Committee on Education and Labor, to whom was referred the bill (S. 400) to provide for the reorganization of the administrative and functional activities of the Public Health Service, having considered the same, report favorably thereon with amendments and recommend that the bill, as amended, do pass.

GENERAL STATEMENT

The Public Health Service has evolved by succession of laws since its predecessor agency, the Marine Hospital Service, was established in 1798. It is thus one of the oldest agencies of the Government. Its evolution has reflected the growth of medical science and the gradually enlarged concept of governmental responsibility for public health.

The more important acts imposing additional duties upon the Public Health Service are as follows:

The acts of April 29, 1878, March 27, 1890, February 15, 1893, and June 19, 1906, established the principle of Federal responsibility for preventing the introduction of contagious and infectious diseases into the United States through the creation of a National Quarantine Service, the prevention of the spread of such diseases from one State to another, and laid bases for active cooperation with State and local public health authorities in the furtherance of these purposes.

The act of July 1, 1902, imposed the duty of regulating the sale of viruses, serums, toxins, and analagous products, in order to insure quality and safety of these products for human use.

The act of July 1, 1902, expanded the duties of the Hygienic Laboratory, changed the name of the Marine Hospital Service to the Public Health and Marine Hospital Service, and authorized the

001644

President in time of national emergency to utilize the Service "in such manner as shall in his judgment promote the public interests.
* * *

The act of February 3, 1917, established the National Leprosarium for the treatment of persons suffering from this disease.

The act of July 2, 1918, established a Division of Venereal Diseases and authorized cooperation with the States in the control of these diseases.

The act of January 19, 1929, established two United States narcotic farms for the treatment of persons addicted to the use of narcotic drugs who had been convicted for offenses against the United States. These farms later were made a part of a newly established Division of Mental Hygiene.

The act of May 26, 1930, created the National Institute of Health, greatly expanding the functions of the Hygienic Laboratory and the authority for field investigations of public health authorized in 1912. Research work of the Public Health Service was further expanded in the National Cancer Institute Act of August 5, 1937.

Title VI of the Social Security Act of 1935 established the principle of continuing grants-in-aid to the States in the development and maintenance of public health services, the training of personnel, and the provision of Federal aid.

The National Venereal Disease Control Act of May 24, 1938, established a continuing policy of Federal-State cooperation, grants-in-aid and research for the prevention and control of the venereal diseases.

In some of the acts referred to above and in others referred to hereafter, the principle has been established for many years of providing for the appointment of officers of the Public Health Service and their pay, allowances, and promotion on a basis comparable with that of officers of the Medical Corps of the Army.

The act of January 4, 1889, provided that appointments should be made by the President by and with the advice and consent of the Senate. The grades of these officers were further elaborated in the act of July 1, 1902, and in the act of August 24, 1912, and the designation "Public Health Service" was given to the organization and rates of pay based upon the Army rates were established.

In the act of July 9, 1917, the status and rights of officers of the Public Health Service when serving with the Coast Guard, the Army, and the Navy were fixed, and a reserve corps of the Public Health Service was established by joint resolution of October 27, 1918.

In the Joint Service Pay Act of May 8, 1920, the Public Health Service was included as one of the five services, and the pay of its officers was placed on a parity with commissioned officers of the Army and Navy. This principle was continued in the readjustment of pay and allowances of officers of these services by the act of June 10, 1922, and the act of June 16, 1942.

Under an Executive order of April 3, 1917, and under the authority of the act of July 1, 1902, it was "ordered that hereafter in times of threatened or actual war, the Public Health Service shall constitute a part of the military forces of the United States * * *"; that upon request, officers and employees of the Service may be detailed for duty either with the Army or Navy; and stations of the Public Health Service were made available for the reception of sick and wounded

officers and men. Parts of this Executive order later were invalidated by an opinion of the Attorney General.

The Public Health Service has a status somewhat unique among the agencies of the Government. Its officers are appointed by the President by and with the advice and consent of the Senate. They may be detailed for duty with the Army and Navy serving in that case under military direction. Rates of promotion in general have been based upon the rates of promotion of officers of the Medical Corps of the Army. However, the personnel provisions governing the Public Health Service and its administrative structure have not kept pace with the added duties imposed upon it. These duties may be listed as follows:

To give medical and dental care to the Coast Guard and merchant marine; to protect the health of war-industry workers; to prevent the introduction of epidemic diseases from abroad; to control the quality of all vaccines and serums for military and civil use and to produce certain such vaccines; to secure a sanitary environment around military concentrations; to conduct research in solving war health problems; to combat venereal disease in the civil populations from which the military forces acquire infection; to carry out public health missions in foreign lands; to staff emergency medical service for the care of civilian casualties; to provide reserves of blood plasma for civilian casualty use; to train more student nurses to meet military and civilian needs; to aid States in public health work under title VI of the Social Security Act; to investigate the diseases of man and conditions relating to the prevention and spread thereof through the work of the National Institute of Health and otherwise; and to advise concerning the needs for community hospitals, water supplies, and other community health facilities. In short, the major activities of the Public Health Service are either direct service to the military forces or otherwise are an essential part of the total war effort.

The committee has considered the bill, S. 400, submitted by the Administrator, Federal Security Agency, asking favorable consideration and stating that there is no objection on the part of the Bureau of the Budget to the submission of the recommendation to the committee.

Hearings have been held on the bill and the committee has reviewed also the hearings on a companion measure, H. R. 649, by a subcommittee of the Committee on Interstate and Foreign Commerce of the House of Representatives.

During these hearings, testimony has been adduced which convinces the committee that while the provisions of the bill are sound, they do not go far enough in enabling the Public Health Service most efficiently to perform its legal function as the central public health agency of the Government, nor in providing benefits especially in wartime to its commissioned officers who serve not only in the United States but in various parts of the world.

Through a succession of laws, Congress apparently has indicated its intent to create and maintain as the central core of the Public Health Service a commissioned mobile disciplined corps of doctors, dentists, engineers, and other scientists appointed by the President, by and with the advice and consent of the Senate, with grades, pay, allowances, and rates of promotion on a parity with the Medical Corps of the Army. Hearings before the committee, however, make

it clear that in several essential respects this presumed parity of promotion, opportunity, and benefits has not been maintained.

In 1918, a reserve of the Public Health Service was established. It has proven itself to be an effective part of the total structure of the Service. The reserve now outnumbers by several times the regular corps. Its members, like those of the regular corps, are recruited by standards comparable with those of the Medical Corps of the Army. They are recruited from among the same civilian doctors, dentists, engineers, and other public health scientists, yet the Reserve Corps particularly has an unsatisfactory status as compared to the Medical Reserve Corps of the Army. These conditions must inevitably reflect themselves in the morale and spirit of the professional men and women who are serving their country in this essential organization. It should be stated, however, that the committee has not been importuned except in behalf of those who already have lost their lives or who are missing during the present war.

The tasks of the Public Health Service have grown consistently during peacetime; they have been vastly expanded during the present war and they may be expected to increase in connection with post-war epidemic control and future national health advancement.

The medical departments of the Army, Navy, and Public Health Service compete for professional personnel of equal qualification. In peacetime, the range of professional opportunity, the diversity of tasks, the expanding research and administrative concepts of a Federal health service may make a career in the Public Health Service more attractive than one in the Army or Navy. In time of war, the fighting forces need a great increase in their medical components and many thousands of the best qualified doctors of the country have volunteered for service, even though medical care of the civilian population is thereby greatly curtailed.

In no one of the military services is the Medical Corps concerned with killing the enemy. In this sense, they are not a fighting force. However, their life-saving duties may be equally hazardous. They perform essential duties in the care of the wounded, the prevention and treatment of disease and maintenance of sanitation for the troops at home and abroad. In this war, they have a larger responsibility than ever before in our country's history.

Similarly, officers of the Public Health Service have a greater responsibility than ever before.

SUMMARY OF PRINCIPAL CONTENTS OF BILL

Important war responsibilities have been given the Public Health Service which multiply the need for internal reorganization, and also create an urgent need for the personnel legislation referred to later on in this letter. The enactment of this law will do much toward relieving existing difficulties and will permit the Public Health Service to carry on its important wartime activities with far greater ease and dispatch. At the present time the Surgeon General of the Public Health Service is charged with the responsibility of overseeing personally eight administrative divisions including the National Institute of Health. Also, he has responsibility for overseeing the work of the National Cancer Institute, St. Elizabeths Hospital, and Freedmen's Hospital. The administrative structure available to the

Surgeon General in performing his tasks is very unwieldy. This legislation will permit a rearrangement which will result in a greatly simplified organizational pattern.

In connection with the need for reorganization, it is interesting to know that the labyrinth of Federal public health legislation extending over a period of 143 years has not produced a uniform pattern of requirements with respect to the administrative operations of the Public Health Service. For example, the Division of Venereal Diseases and the Division of Mental Hygiene are specifically created by acts of Congress as divisions in the Public Health Service. These acts define the duties of the divisions, denote the names by which they are known, and designate the grade of the medical officer by whom they are administered. The acts of Congress relating to the National Institute of Health do not set forth the relative position of the Institute in the administrative structure of the Public Health Service, but do define its duties, denote its name, and designate the rank of its director. On the other hand, the act establishing the National Cancer Institute does set forth the relative position of the Institute in the administrative structure by creating it as a division in the Public Health Service, and also defines its duties and denotes its name, but it does not designate the rank of its director. Still other divisions of the Public Health Service were not established specifically by acts of Congress but were created administratively and subsequently recognized in legislation.

St. Elizabeths and Freedmen's Hospitals were transferred to the Federal Security Agency by Reorganization Plan No. IV, effective June 30, 1940, to be administered under the direction and supervision of the Federal Security Administrator through such officers or subdivisions of the agency as the Administrator should designate. Agency orders require Freedmen's Hospital and St. Elizabeths Hospital to be administered under the direction and supervision of the Administrator through the office of the Surgeon General, with provisos that St. Elizabeths shall be maintained as a separate unit under the immediate supervision of the Surgeon General, and that its Superintendent shall have a rank and relationship to the Surgeon General and the administrative divisions of the Public Health Service like that of the Director of the National Institute of Health, except with respect to personnel and fiscal matters.

It must be apparent that under the present arrangement where, for example, four different units, namely, the Division of Mental Hygiene, the Division of Marine Hospitals and Relief, Freedmen's Hospital, and St. Elizabeths Hospital, all are engaged in the operation of hospitals, as separate entities, an overlapping of function and a duplication of effort is inevitable. Another example is the Division of Venereal Diseases which administers grants to the States for venereal disease purposes, and thus parallels an administrative function of the Division of States Relations which administers the grant-in-aid program under title VI of the Social Security Act. The Division of Venereal Diseases also operates a clinic at Hot Springs, Ark., which is a hospital activity, and thus parallels an operating function of the Division of Marine Hospitals and Relief. Finally, it operates a research project at Stapleton, N. Y., and thus parallels a research function of the National Institute of Health. Yet, since this Division is

established by acts of Congress which set forth its functions in detail, all of its activities have been carried on as a separate division.

In connection with the need for personnel legislation as a result of the war, the Public Health Service has called to active duty approximately 1,000 Reserve officers. Adequate supervision of these Reserves by experienced officers of the regular corps is essential and it is obviously necessary that they should be in grades higher than those whom they are to supervise. The temporary promotion of officers of the regular corps will be necessary in some instances, but the Comptroller General has held that there is no present legislative authority for such promotions. The committee is informed that the Army, Navy, Coast Guard, and Coast and Geodetic Survey have such legislative authority.

Many of the commissioned officers of the Public Health Service are at present officially detailed under authority of law to other Government offices such as the Army, Navy, and Coast Guard, as well as to the War Shipping Administration. Many urgent recommendations have been received from all of the services just named, strongly recommending the temporary promotion of officers in the regular corps to higher grades commensurate with the duties which they are actually performing. Only recently a communication from Army authorities in India recommended the promotion of certain officers, stating that they were unable to make most effective use of the officers' services because of their present grade.

Officers of the Public Health Service were assigned as of December 7, 1941, to posts of duty in European countries, pestilential areas of Africa and South America, Hong Kong, the Burma Road, Bataan Peninsula in the Philippine Islands, the Hawaiian Islands, on board Coast Guard vessels, and at other points in war areas. Some of them are unreported and are presumed to be lost, or to be prisoners of war. All officers of the Public Health Service are subject to assignments of this nature.

The following comment is made on the provisions of the various sections of the bill, including the amendments proposed by the committee and specified later in this report:

Section 1 provides for a reorganization of the widespread activities of the office of the Surgeon General upon a more efficient and functional basis. This section establishes in the Public Health Service three major divisions or bureaus in addition to the office of the Surgeon General. The office of the Surgeon General under the immediate direction of the Surgeon General and the Assistant to the Surgeon General would, of course, be the central supervisory and coordination office, and would handle general administrative matters such as are now handled by the Division of Personnel and Accounts and the Chief Clerk's office.

The three subdivisions would be the National Institute of Health, responsible for research activities; the Bureau of Medical Services, to operate all hospitals and clinics; and the Bureau of State Services, to administer grants-in-aid and supervise services to the several States. The Surgeon General would have authority to assign functions and to establish within the National Institute of Health, the two bureaus, and the office of the Surgeon General such divisions, sections, and other units as may be required. In this way, it would be possible to

place like functions within controlling units, eliminating greatly the need for coordination and leaving to subordinate officers many details which now, inevitably find their way to the Surgeon General.

Present laws under which the Public Health Service operates, rigidly fix the number of divisions and the duties and responsibilities of the divisions. The provisions of section 1 of this bill would permit reasonable and proper elasticity in the administrative organization within the three bureaus to be created.

Section 2 provides for an officer in the grade of Assistant to the Surgeon General to be in charge of each of the three divisions or bureaus. The detail of officers in charge of these three bureaus in the grade of Assistant to the Surgeon General, while it carries increased rank commensurate with increased responsibilities, which is desirable, would carry an increase of pay only for those officers in the grade below that of medical director of over 30 years' service. Similarly a temporary advanced grade, corresponding to that of brigadier general is provided for the officer assigned as chief medical officer of the Coast Guard. This amendment has been specifically requested by the Commandant with the approval of the Navy Department. As a rule officers occupying these higher appointive positions are chosen from senior officers.

Section 3. At the present time there are eight divisions in the Public Health Service, including the National Institute of Health. The chief of each of these divisions has the rank and pay of a medical director. In the future it may be desirable to increase or decrease the number of these divisions for better administrative purposes. Officers in the grade of medical director, if appointed as chief of a division, would not receive any increase of pay. This section would limit the number of officers below the grade of medical director to six who could receive an increase of pay by reason of appointment as chief of a division. This section also provides for a Dental Division and a Sanitary Engineering Division in the office of the Surgeon General. The officers while detailed in charge of such divisions would have the temporary grade of Assistant Surgeon General. Because of the importance of dentistry and sanitary engineering in the work of the Public Health Service, the committee feels that this recognition is warranted.

Section 4 provides for temporary promotions of commissioned officers of the regular corps of the Public Health Service during time of war or national emergency and is identical to legislation already enacted for the Army, Navy, Coast Guard, and Coast and Geodetic Survey. The urgent need for such legislation by the Public Health Service at this time has already been mentioned earlier in this report. The needs rest on a basis quite similar to that for which similar authority was granted to the other commissioned services. The Public Health Service is the only one of the five commissioned corps which does not have this authority. Provision is made herein to safeguard the rights of officers in war areas who may, because of war conditions, be unable to execute an oath of office as generally required by statute. This amendment follows precisely existing legislation (Public Law No. 746, 77th Cong.) enacted for the protection of officers in the Army. This section also permits the distribution of Reserve officers in the various grades without regard to the limitation on such distribution now imposed by joint resolution of October 27, 1918 (ch. 196, 40 Stat. L. 1097), establishing a Reserve in the Public Health Service. The present requirements are that officers in the Reserve

shall be distributed in the several grades in the same proportion that now obtains among the commissioned medical officers of the regular corps. In addition this section permits graduates of reputable osteopathic colleges to be appointed in the Reserve Corps of the Public Health Service for the duration of the present war and for 6 months thereafter.

Section 5: Assistant surgeons are promoted to the grade of passed assistant surgeon after 3 years' service and after a review of their record and having passed a satisfactory written examination. An officer appointed in a grade above that of assistant surgeon would have to serve a much longer term of years before he would normally have a review of his record for promotion. In the case of an officer in the grade of passed assistant surgeon, 9 years would elapse before he could be considered for promotion to the grade of surgeon. By requiring a review of qualifications after 3 years, any officer who has not demonstrated his ability to perform his duties in a satisfactory manner could be separated from the Service immediately, rather than to wait the longer period of years required for normal promotion. This procedure would be equally fair to the Government as well as to the officer involved, since it would be a saving in salary to the Government and would allow the officer to make a readjustment in his future career at an early date. Section 5 will establish an orderly procedure for the elimination of certain officers found unqualified for further service.

Section 6 is quite clear, and no further comment here appears necessary.

Section 7: At the present time the lowest commissioned grade in the Public Health Service is that of assistant surgeon, which corresponds to the grade and pay of a first lieutenant in the Army. Before a physician is eligible for the commissioned corps of the Public Health Service he must have had from 2 to 4 years premedical college work, 4 years in medical school, and an internship of not less than 1 year. He then is eligible for examination for a commission in the grade of assistant surgeon. The same requirements apply to engineer and dental officers. Many capable persons do not have the same amount of years of college training and experience at the time their services are needed in the Public Health Service. This proposed junior grade, corresponding to that of second lieutenant, could be used particularly in the case of young engineer officers and for interns before they are eligible for examination for commissioning in the higher grade of assistant surgeon. The enactment of this section will be most helpful to the personnel office of the Public Health Service and at the same time will permit commissioning of men at a lower grade with a saving in cost to the Government. The last sentence of section 7 requires that each appointee in this grade shall be examined after 1 and not more than 2 years and either promoted to the grade of assistant surgeon, if found qualified, or separated from the Service.

Section 8: This new section has been added to the bill by your committee for the following reasons:

Following or during each emergency created by a state of war since the beginning of this century, the Public Health Service has been forced to attempt to obtain legislation which will permit the full use of the Service in carrying out certain military responsibilities in connection with the armed forces and at the same time to efficiently carry on the civilian duties for which it was created and is maintained.

The original intent of Congress was contained in the act of July 1, 1902, following the Spanish-American War:

That the President is authorized, in his discretion, to utilize the Public Health and Marine Hospital Service in times of threatened or actual war to such extent and in such manner as shall in his judgment promote the public interest without, however, in anywise impairing the efficiency of the Service for the purposes for which the same was created and is maintained.

During World War I, under this authority, officers of the Public Health Service were extensively used in performing duties directly related to the mobilization and training of the armed forces and in performing military duties by detail to the Coast Guard or the Army and Navy. From the beginning it was apparent that officers of the Public Health Service detailed to the military forces did not have the rights and protection afforded the officers of the military forces, and by the Executive order of April 3, 1917, the President declared that in times of threatened war the Public Health Service shall constitute a part of the military forces of the United States. The obvious intent of this order was to make all laws relating to the military forces applicable to the Public Health Service. This order was followed by the passage of the joint resolution of July 9, 1917, which provided pensions for themselves and widows and children, if any, as are now provided for officers of corresponding grade and length of service of the Coast Guard, Army, or Navy. It is the intent of the committee to place the commissioned corps of the Public Health Service at all times on a parity with the Medical Corps of the Army, in regard to allowances, benefits, and emoluments.

There immediately occurred then the realization of a condition which is greatly amplified at the present time—that the relationship of the Public Health Service to the military forces is one of relationship of the Service as a whole rather than solely the relationship of individual officers to the military forces by reason of their detail to such forces.

The Public Health Service operates the medical service of the Coast Guard in times of peace. In times of war it continues to operate this same service and the relationship of this service to the personnel of the Coast Guard is identical to the medical service supplied by the Bureau of Medicine and Surgery of the Navy to Navy personnel.

The Navy makes no distinction as to the pensions or benefits any of its medical officers may receive by reason of the type of detail they may perform. The officer at a naval base hospital one day may be the medical officer aboard a ship of the Navy the next. It is logical, therefore, that the benefits provided for the officers of the Medical Corps of the Navy are provided for the corps as a whole and not to individual officers in that corps.

It is equally difficult to make a distinction between the officer who is treating Army, Navy, and Coast Guard patients in service hospitals and the officer treating patients at a Coast Guard station or on a Coast Guard ship. To differentiate between these officers would set up an entirely fallacious understanding of their duties, in that there exists a continuous interchange between officers ashore and on ship-board. This interchange is necessary to provide continuous medical service to Coast Guard ships and at the same time to supply relief to medical officers on such arduous duties. It would be no more logical to require that the officer detailed to a Coast Guard ship

should surrender his rights and benefits if detailed to a brief tour of duty ashore.

It should be pointed out that officers in the Public Health Service, as in the Medical Corps of the Army and Navy, do not select their assignments. Under the regulations of the Service, officers are not appointed to any particular station but to the general service, and they are subject to assignment to any duty that the exigencies of the Service require.

The assignment of an officer of the Service to a particular duty is based largely upon his qualifications to perform such duty, and is in no way dependent upon the desires of the officer or the consideration of the character of such duty from a dangerous or hazardous standpoint. At the present time over 50 percent of Regular and Reserve commissioned officers are performing duties in connection with the medical care of the military services.

There is, however, another type of service being performed by the Public Health Service which in contradistinction to being a medical service may be classified as a public health service, but which is equally hazardous or essential to the requirements of the military services. Government-owned, Government-operated arsenals are inspected by officers of the Medical Corps of the Army. Government-owned, privately operated arsenals are inspected by officers of the Public Health Service at the request of the Secretary of War.

These are identical duties, yet on the one hand the officer of the Army is protected by the rights and benefits which accrue to the military forces, and on the other hand the Public Health Service officer has none of these rights. That the duty is a hazardous one is evidenced by the fact that one Public Health Service officer has already lost his life on this duty.

Officers of the Service have been detailed to the Alaska Highway project, to supervise malaria control work on the Burma Road prior to Pearl Harbor, and since then to supervise the great malaria-control problem which confronts our Army in India.

Officers of the Service are being detailed to north Africa as public-health advisors to our Minister in that war area. It can be expected that this is only the beginning of the widespread use of the officers and facilities of the Public Health Service in the control of epidemics in foreign countries, and the prevention of the spread of these diseases to our own country.

There remains a third type of service to the military forces which may be considered in the light of a demand service placed upon the Public Health Service by the War and Navy Departments. This includes the testing of rebreather oxygen supply apparatus, the toxicity of certain chemical substances generated during the charging of batteries of submarines, the efficiency of protective clothing against poison gas, and the toxicity of new explosives.

The Public Health Service is also solely responsible for the production of all typhus fever vaccine used by the armed forces, the yellow fever vaccine used by the Army, and the supervision of all biological products used by these forces.

Including the 50 percent of the officers engaged in medical care for the military forces, more than 80 percent of the entire commissioned corps of the Public Health Service is engaged in activities which have directly arisen out of the war effort.

To attempt to define by legislation which individual officers of the Public Health Service are entitled to certain benefits or when such benefits should be given or be terminated cannot be accomplished without undesirable and unfortunate discrimination entering into the enforcement of such legislation.

The actions and duties of the individual officers of the Service are predicated upon the demands and requirements of the Service as a whole. There cannot be successful accomplishment of the duties of an individual officer unless these duties are an integral part of the coordinated effort of the whole of the commissioned corps.

CONCLUSION

The committee recommends that the bill be passed as soon as possible. Since the declaration of war, the Army, Navy, Coast Guard, and the War Shipping Administration have placed many demands upon the Public Health Service for services which these branches of the Government cannot meet within their own organizations. That the Public Health Service has already and is now meeting these demands satisfactorily is witnessed by letters from ranking officers of the Army and Navy and the testimony of the Commandant of the Coast Guard before the Interstate and Foreign Commerce Committee of the House at hearings held February 5, 1943, on a similar bill. The one complaint voiced by the armed forces regarding these services is that lack of temporary promotion authority by the Public Health Service, which is necessary to place officers in a grade commensurate with their responsibilities, seriously interferes with complete and satisfactory performance of their present duties, and these officers cannot be assigned new duties of greater responsibility because of lack of sufficient rank.

With the amendment to the bill which provides certain benefits to officers of the Public Health Service the committee feels that the major requirements of the Public Health Service have been adequately met. It has provided for an orderly realinement of the many activities of the Service from an administrative standpoint, provides for the much-needed temporary promotion for certain officers in the Service, and provides reasonable benefits for the officers of the Service in connection with their duties to the armed forces.

The committee considers the immediate passage of this bill as urgently needed in direct connection with the war effort.



Library
National Institute of Health
Bethesda, Maryland



<http://nihlibrary.nih.gov>

10 Center Drive
Bethesda, MD 20892-1150
301-496-1080

NIH LIBRARY



4 0057 0105

NIH LIBRARY



3 1496 00179 5791